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To: Examiner Terri L. Smith
Art Unit: 3762

From: Thomas Spinelli, Esq.
Registration No.: 39,533

Fax: 571-273-8300

Pages: 16

Phone: 571-272-7146

Date: December 18, 2006

Re: USSN: 10/635,045
Our Docket: 16919

CC:

RESPONSE TO THREE-MONTH OFFICE ACTION

The following is being filed with the U.S. Patent and Trademark Office via facsimile on December 18, 2006:

1. Response W/Transmittal in Duplicate
2. Certificate of Transmission Under 37 C.F.R. 1.8

Applicants: Masahide Yamaki, et al.
Serial No.: 10/635,045
For: MEDICAL CONTROL DEVICE, CONTROL METHOD FOR MEDICAL
CONTROL DEVICE, MEDICAL SYSTEM DEVICE AND CONTROL
SYSTEM
Filed: August 5, 2003
Docket: 16919
Dated: December 18, 2006
TS:cm

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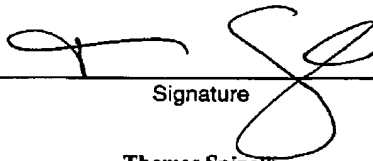
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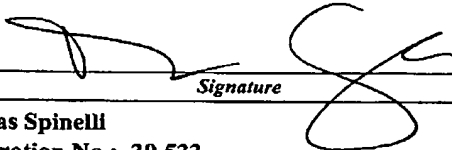
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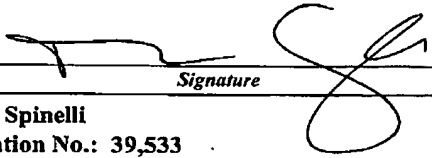
DEC 18 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 16919	
Applicant(s): Masahide Yamaki, et al.						
Application No. 10/635,045	Filing Date August 5, 2003	Examiner Terri L. Smith	Customer No. 23389	Group Art Unit 3762	Confirmation No. 6952	
Invention: MEDICAL CONTROL DEVICE, CONTROL METHOD FOR MEDICAL CONTROL DEVICE, MEDICAL SYSTEM DEVICE AND CONTROL SYSTEM						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	19 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	6 -	6 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
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INDEP. CLAIMS	6 -	6 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: December 18, 2006			
Thomas Spinelli Registration No.: 39,533			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence _____ </div>			
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AND CONTROL SYSTEM **Dated:** December 18, 2006

Conf. No.: 6952

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RESPONSE

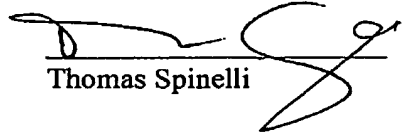
Sir:

In response to the Official Action dated September 18, 2006, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks:

CERTIFICATION OF FACSIMILE TRANSMISSION

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Dated: December 18, 2006


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